(Position adopted November 2020)

Health Equity

The Committee

Study Committee Chair: Sally Morgan

Committee:

Judith Brachman

Kris Cope

Alice Frazier

Kathleen Glaze

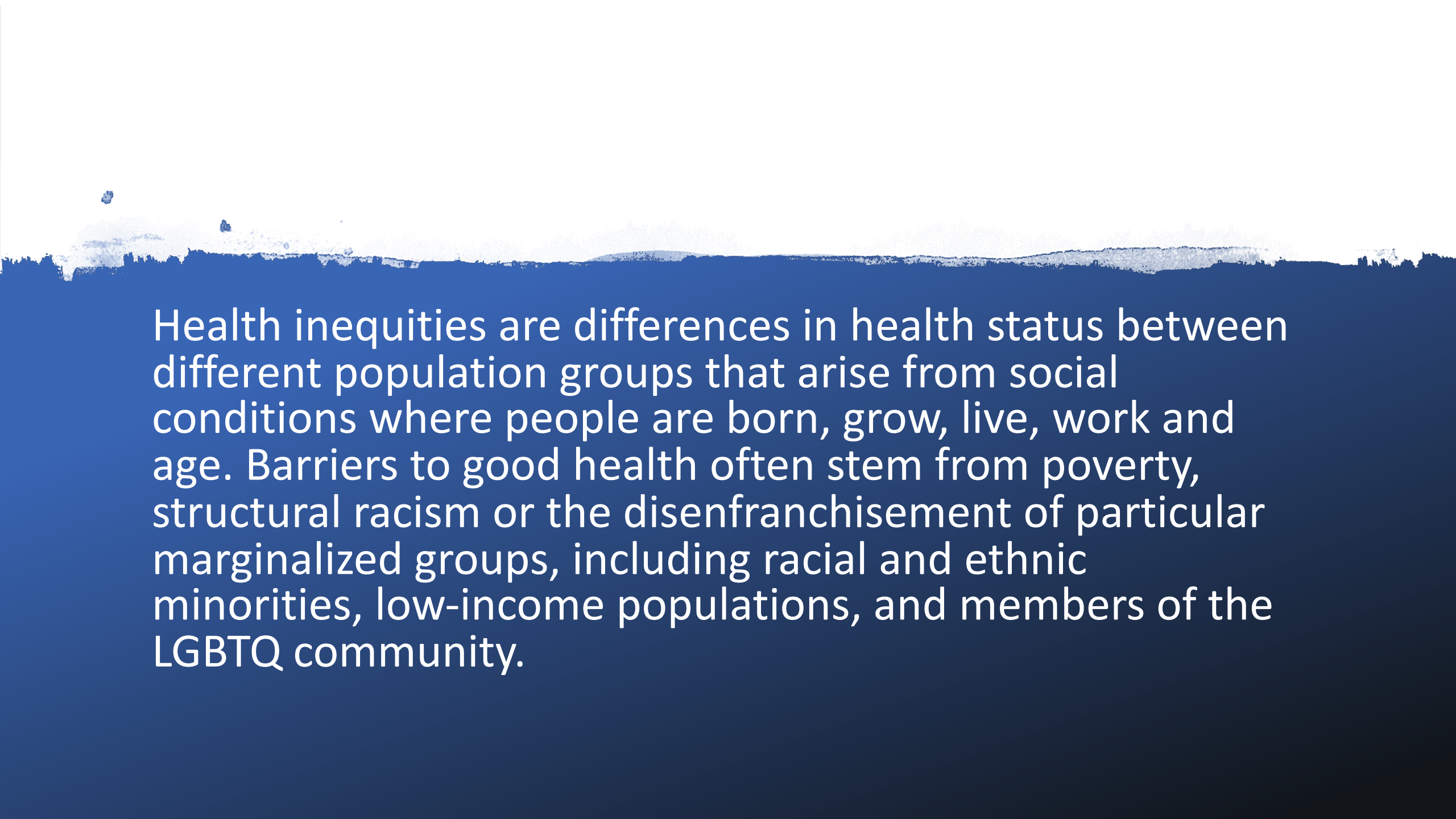Suzanne Hoholik

Barbara Hunsicker

Karen Leith

Iris Meltzer

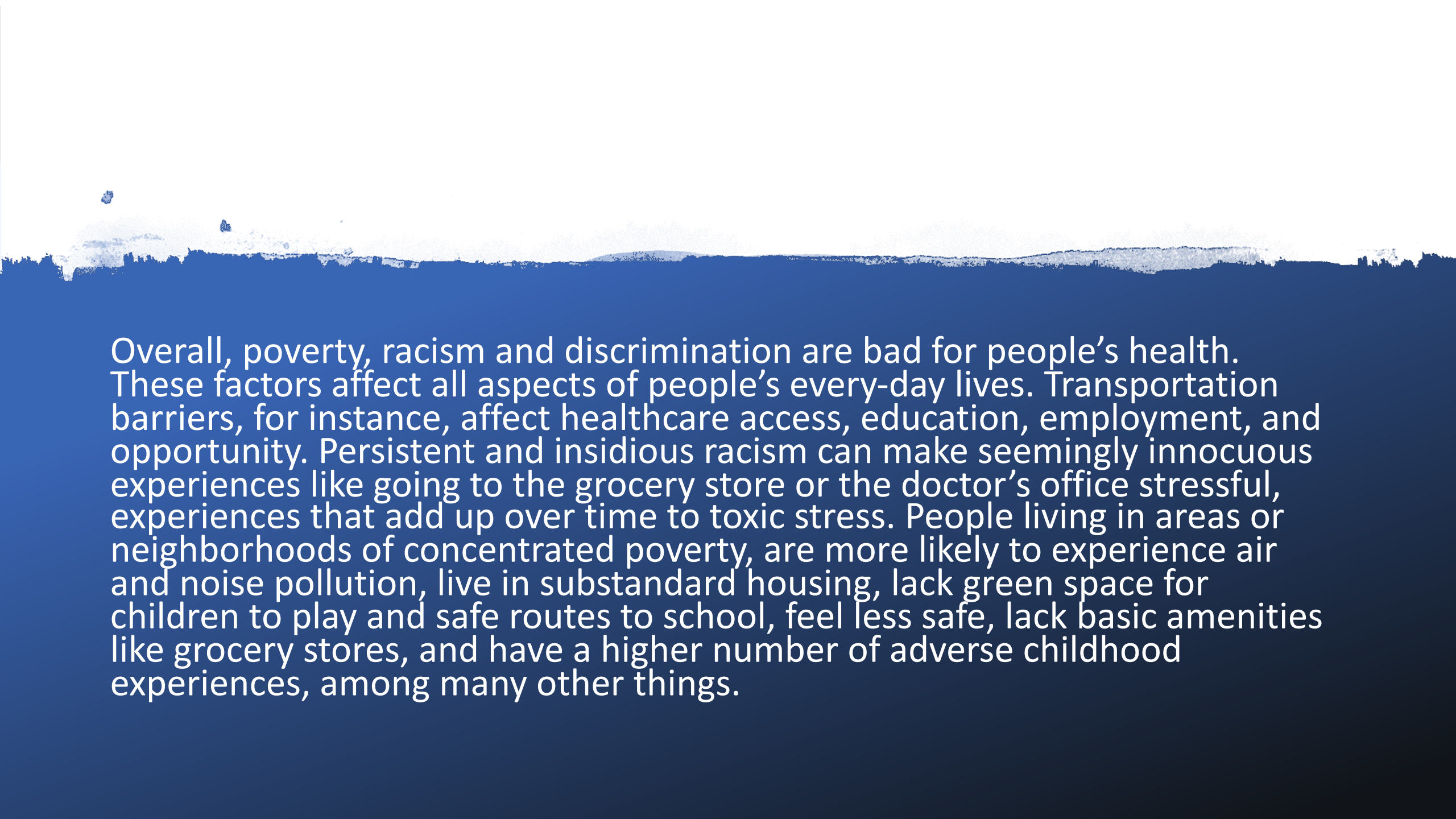Terry Pope

Judith Patterson Sellers
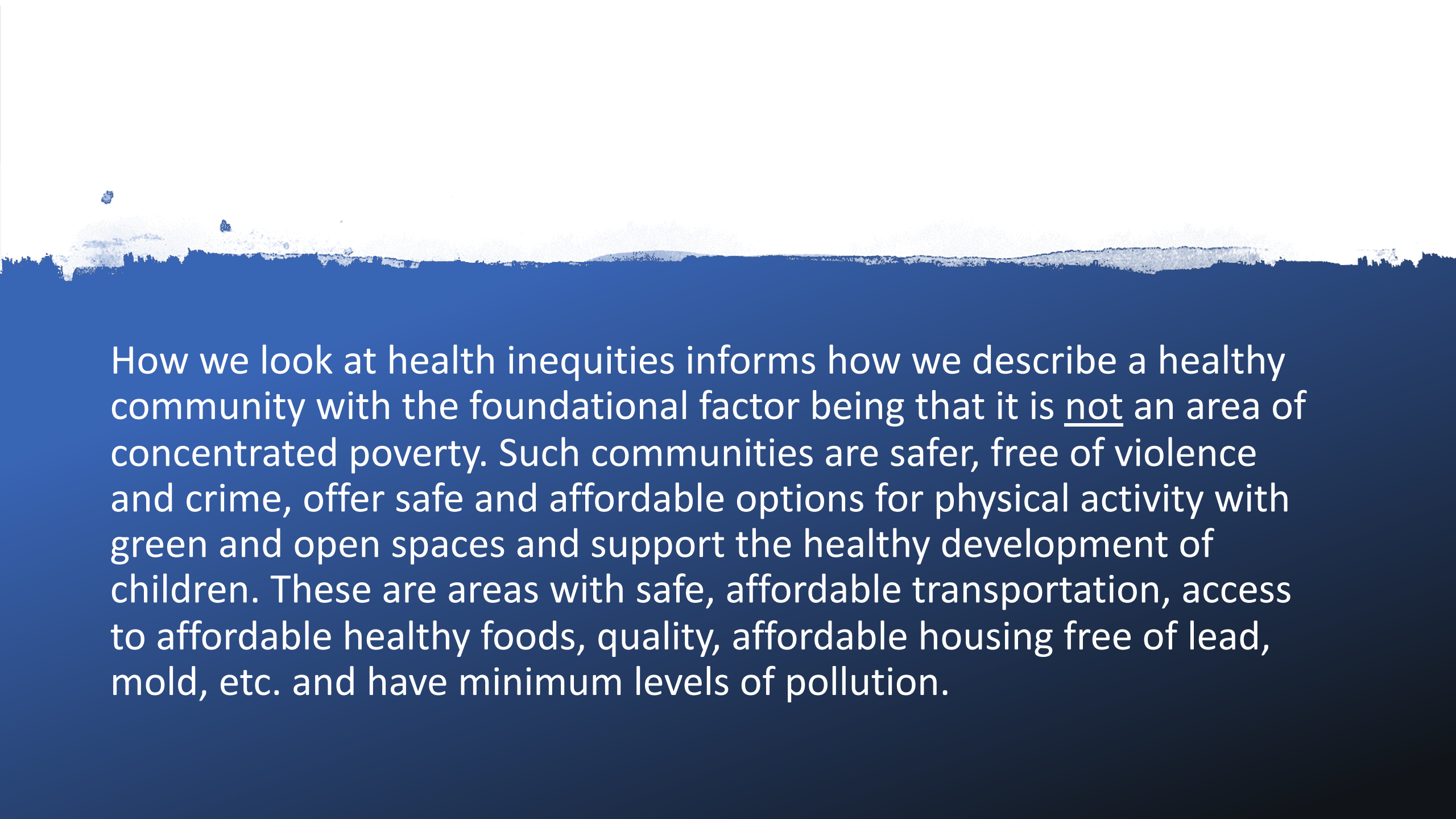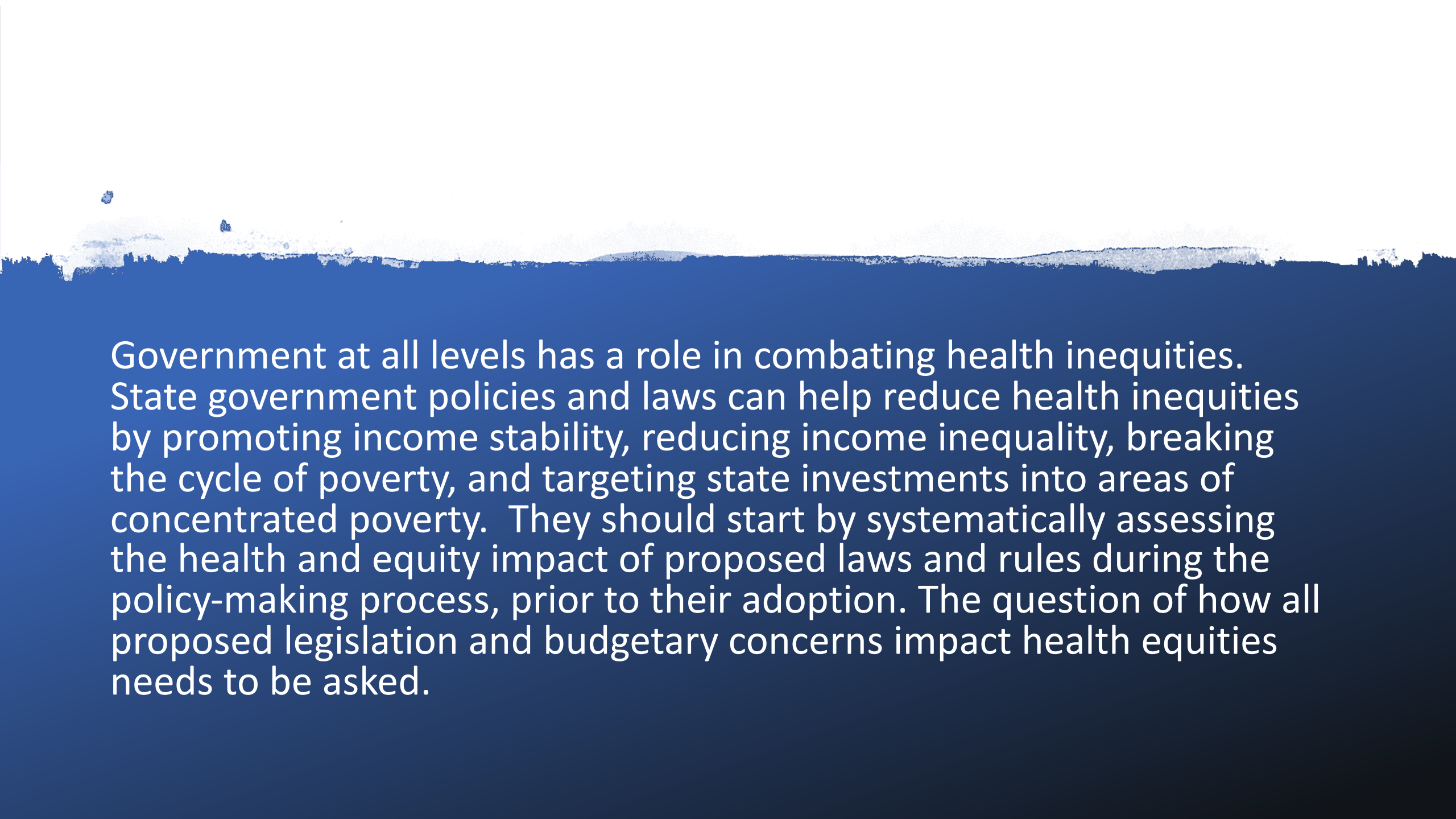
Cindy Strebig

Amanda Woodrum

Elizabeth Zak

Health inequities are differences in health status between different population groups that arise from social conditions where people are born, grow, live, work and age. Barriers to good health often stem from poverty, structural racism or the disenfranchisement of particular marginalized groups, including racial and ethnic minorities, low-income populations, and members of the LGBTQ community.

Overall, poverty, racism and discrimination are bad for people's health. These factors affect all aspects of people's every-day lives. Transportation barriers, for instance, affect healthcare access, education, employment, and opportunity. Persistent and insidious racism can make seemingly innocuous experiences like going to the grocery store or the doctor's office stressful, experiences that add up over time to toxic stress. People living in areas or neighborhoods of concentrated poverty, are more likely to experience air and noise pollution, live in substandard housing, lack green space for children to play and safe routes to school, feel less safe, lack basic amenities like grocery stores, and have a higher number of adverse childhood experiences, among many other things.
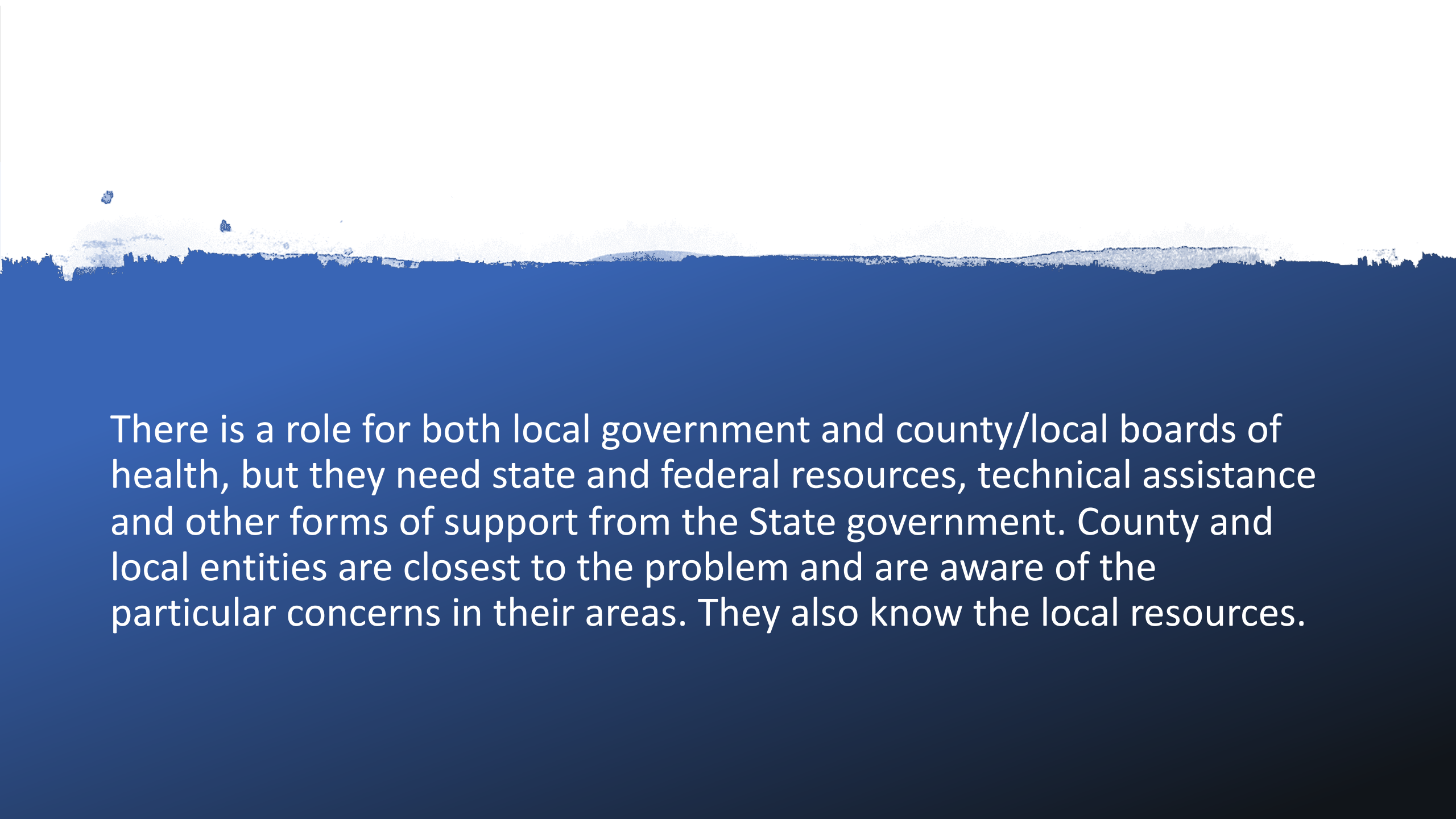
How we look at health inequities informs how we describe a healthy community with the foundational factor being that it is <u>not</u> an area of concentrated poverty. Such communities are safer, free of violence and crime, offer safe and affordable options for physical activity with green and open spaces and support the healthy development of children. These are areas with safe, affordable transportation, access to affordable healthy foods, quality, affordable housing free of lead, mold, etc. and have minimum levels of pollution.

Government at all levels has a role in combating health inequities. State government policies and laws can help reduce health inequities by promoting income stability, reducing income inequality, breaking the cycle of poverty, and targeting state investments into areas of concentrated poverty. They should start by systematically assessing the health and equity impact of proposed laws and rules during the policy-making process, prior to their adoption. The question of how all proposed legislation and budgetary concerns impact health equities needs to be asked.

State government should also take the lead in bringing public, non-profit and private sectors together (creating partnerships, offering incentives to invest in poor areas). Nonprofit/community/faith-based organizations should push State government to play this critical role while moving ahead in some areas including foodbanks, farmers' markets, and community gardens. In other areas, there needs to be accountability, guidance and oversight, especially in regard to nondiscriminatory practices and following existing laws.

There is a role for both local government and county/local boards of health, but they need state and federal resources, technical assistance and other forms of support from the State government. County and local entities are closest to the problem and are aware of the particular concerns in their areas. They also know the local resources.

In increasing health equity, the League supports:

1. Legislation requiring an assessment of all proposed legislation as to its impact on health inequities, prior to adoption, such as transportation, clinics in schools, affordable housing, addiction prevention, treatment and recovery, lead screening in both water and paint, and childcare assistance,

2. Expansion of Medicaid,

3. Policies and legislation that encourage investment in areas of concentrated poverty such as green space and parks and recreation, public transit, and restoration of local government funding,

4. Policies and legislation that promote income stability such as raising the minimum wage, expanding cash assistance to 100% of poverty line, expanding earned income tax credits, protecting supplemental nutrition assistance programs, and incentivizing full-service grocery stores in low-income neighborhoods,

5. Cooperation between state, county and local governments with non-profits,

6. Investing in policies, legislation and programs that help break the cycle of poverty: universal pre-kindergarten, full day kindergarten, and a boost in eligibility for childcare assistance.

Background

Public health affects all of us. Health is a state of physical, mental and emotional well-being, not just the absence of disease. We have long recognized disparities in accessing health care professionals as evidenced in the LWVUS position in Impact on Issues. Leagues have used the LWVUS position of equal access to healthcare in advocating for policy at the state level, but it is not enough.

Health equity is another very real issue. Health equity depends on social, economic and environmental factors. Many of these factors negatively affect our communities due to a long history of systemic and structural racism. Many would say these are so ingrained in our society that they are no longer intentional but just "how it is." Therefore, the need to recognize and name these factors so that we can achieve equity is necessary. Local Health Departments have started to have these conversations. It is a conversation that needs to happen statewide.

The Covid-19 Pandemic of 2020 has made the issue of health inequities abundantly clear. Impoverished and minority communities are far more likely to be devastated by COVID-19 due to existing health inequities and related health conditions that make these communities more vulnerable. In a fortunate state of affairs, the League of Women Voters Health Equity Study was already in process at the point the COVID-19 pandemic took root. Local Leagues, in their consensus meetings, were able to access more information on the factors that affect the health of a community, especially the pandemic.

Q & A